



Application Data Sheet

Application Information

Application number::	<u>10/630,223</u>
Filing Date::	07/30/03
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	CHIMERIC MULTIVALENT POLYSACCHARIDE CONJUGATE VACCINES
Attorney Docket Number::	20695C-001410US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	13
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Francis
Middle Name::
Family Name:: Michon
Name Suffix::
City of Residence:: Bethesda
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 4401 Rosedale Avenue
City of Mailing Address:: Bethesda
State or Province of mailing address:: MD
Country of mailing address::
Postal or Zip Code of mailing address:: 20814

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name::
Family Name:: Kim
Name Suffix::
City of Residence:: Arbutus
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 1203 June Road
City of Mailing Address:: Arbutus
State or Province of mailing address:: MD

Country of mailing address::

Postal or Zip Code of mailing address:: 21227

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Arun

Middle Name::

Family Name:: Sarkar

Name Suffix::

City of Residence:: Olney

State or Province of Residence:: MD

Country of Residence:: US

Street of Mailing Address:: 2559 Little Vista Terrace

City of Mailing Address:: Olney

State or Province of mailing address:: MD

Country of mailing address::

Postal or Zip Code of mailing address:: 20832

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Catherine

Middle Name::

Family Name:: Uitz

Name Suffix::

City of Residence:: Arlington

State or Province of Residence:: VA

Country of Residence:: US

Street of Mailing Address:: 4126 N. 34th Road

City of Mailing Address:: Arlington

State or Province of mailing address:: VA
Country of mailing address::
Postal or Zip Code of mailing address:: 22207

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/399,949	07/30/02

Foreign Priority Information

Country::	Application number::	Filing Date::
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Assignee Information

Assignee Name::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::